

AYURVEDIC APPROACH ON PCOS: A CASE STUDY

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Published online: November 2019

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is multi-factorial and polygenic condition. It interferes with metabolic, endocrine and reproductive functions. It affects the pituitary - ovarian hormones and results in infertility, menstrual problems and excessive body hair growth in female. According to Ayurveda this type of clinical features found in *Pushpaghni Jataharini* and *Nashtartva*. Treatment of PCOS according to Ayurveda is mainly to correct hyperinsulinemia by using *Pramehghna* drugs, weight reduction through diet, drugs, *Vyayama*, *Pranayama*. Give *Yakritotejaka* drugs for the oestrogen clearance and to decrease its bio-availability and clear the *Avarana* by using *Vatakapha nashaka* drugs for the proper follicular genesis and ovulation.

Keywords: Polycystic Ovarian Syndrome, *Pathadi churna*, *Arogyvardhini Rasa*.

INTRODUCTION

Polycystic ovarian Syndrome (PCOS), an emerging lifestyle disorder involving multiple systems affecting 5- 10% of the women exhibiting the full blown syndrome of hyperandrogenism, chronic anovulation, and Polycystic ovaries.^[1] PCOS is a psychosomatic disorder of uncertain aetiology characterized by Obesity, Anovulation associated with Primary or Secondary infertility, hirsutism, abnormal menstrual pattern, increased incidence of pregnancy loss, and pregnancy related complications. Polycystic ovarian syndrome is a most prevalent endocrinopathy. Incidence of this disease is increasing nowadays because of sedentary lifestyles, pollution, and excessive intake of junk food. PCOS is affecting 4 to 6 percent of unselected women

of reproductive age.^[2] Modern medical science has no alignment to cure PCOS, they only able to provide symptomatic treatment for it, which has unsatisfactory results lots of side effects and costly also and when medication not gives although symptomatic relief then they go for surgery like drilling of ovaries. In Ayurveda, there is no direct reference about PCOS but when we go through the literature there are many references which are nearer to sign and symptom on PCOS. Clinical features of PCOS are nearer to *Pushpaghni Jataharini*.^[3] According to the reproductive point of view, the pathogenesis of PCOS is similar to condition of *Nashtartva*.^[4] Vitiating of *vatakapha* (↑ estrogenic state) leads to *Avarana* of *artava* (inhibition of FSH)

leads to *Nashtartva* (no proper growth of follicles and chronic anovulation)

Case Report

A 27 years old woman came to the OPD of IPGT & RA (Prasuti Tantra and Stree Roga OPD) on 20/03/19 OPD no. 23831 GAU Jamnagar Gujarat. The chief complaint of Failure to conceive since last 3 years She also complaint of irregular & delayed with scanty menstruation (1-2 days, only spotting) since last 3 years. Associated complaint of weight gain and hair growth on face and chest for 1 year.

Menstrual history:

L.M.P.-19/ 03/19,

Past L.M.P- 26/1/19

Duration of flow- 1-2 days

Interval- 50-60 day

Marital history -3.5 year

O/H- G₀P₀L₀A₀

Coital history (C/H) -3-4 Time /week

Contraceptive history (CO/H) - Nil

History of previous treatment - nil

On-Examination

General condition of patient was found good. Her family history was found normal. A detailed comprehensive history reveals that in the beginning the weight was gradually increasing. As usual, the patient avoids consulting a medical professional because of which pathology get worse. The patient belongs to high socio-economic class having junk food (*Virudhhahara*) and sedentary habits, which helps to aggravate the disease. The rest of her physical examination was unremarkable.

Vitals Examination

Blood pressure - 120/70mm of hg,

Pulse rate - 86/minute

Weight- 76kg and Height -163.5 cm, BMI-26 Kg/m²

Personal history

Appetite-Poor

Sleep- normal

Bowel-constipation

Bladder-clear

Blood Investigation (On 22-03-2019):-Hb-11.3 gm%, TLC -5300 /mm³, ESR-22mm/hr, Neutrophill-43%,

Lymphocytes-53%, Eosinophil -2%, Monocytes- 2%, Basophils -0%. HIV, HBsAg, VDRL were negative. LFT, RFT & Lipid Profile was normal. MT – Negative, T3- 1.22ng/dl, T4 –12mcg/dl, TSH- 5.23 mcIU/ml, FSH- 4.65mIU/ml, LH- 12.75mIU/m (LH: FSH is >2:1).

Ultra-Sonography for Uterus & Adnexa

A pelvic ultrasound was performed which revealed a normal appearing uterus with endometrial thickness of 11.9 mm. No. of follicles in Rt. ovary were 13-15 and in Lt. Ovary were 10-12. Rt. Ovary volume was 21.4 cc and Lt. Ovarian volume was 14.4cc and both ovary are bulky and echogenic.

Urine Test for Routine and Microscopy- Within normal limits.

Treatment Protocol

[1.] In 1st stages (1 to 7 days): - Patient was treated with *Deepana - Pachana* and *kosthsodhana*

A. *Guduchi churna* 2gms + *Haritaki churna* 2gms + *Shunthi Churna* 1gms total 5gms bds before meals with Lukewarm water orally for 7 days.

B. *Erandabhritha Haritaki* – 5 gms at night (one day before starting the treatment) after meals with Lukewarm water orally.

[2] In 2nd stages (Day 8 to 3 months): - Patient was treated with *Pathadi Churna* 5gms and *Arogyavardhini Rasa* 500mg bds after meals with Lukewarm water orally.

Pathya-Apathya:- During this period the patient was advised to take balanced and nutritive diet containing *Ragi*, *Lahsuna*, Ghee, milk, fruits, green vegetables, and Luke warm water. Avoid oily, spicy, junk food. She was also advised to do early sleep in night and early wake-up in morning, morning walk,

Yoga therapy, Meditation, Pranayama: -

During this period the patient was advised Yoga therapy [*Suryanamaskara*, Butterfly pose (*Supt-bandhkonasana*), *Chakki chalasana*] Meditation and Pranayama (*kapalbhati*, *Anuloma Viloma*).

Duration: - Management for 3 months.

Follow up: - for 1 month

Observation and Result

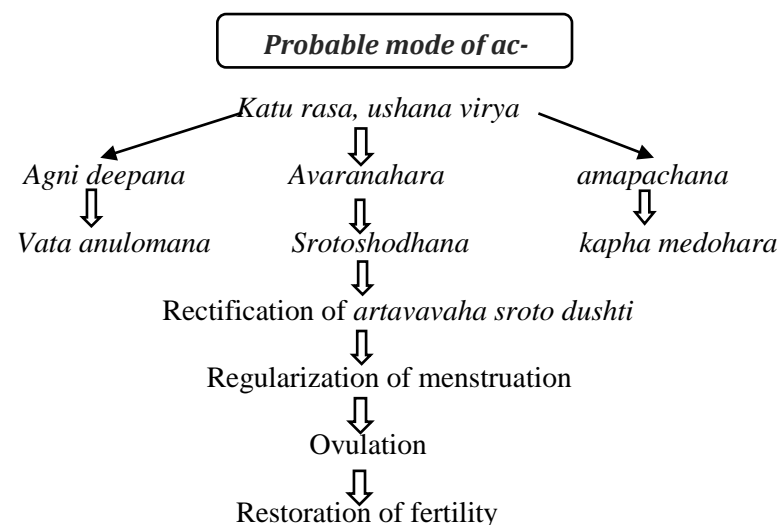
Patient followed drug, *Pathya - Apathya*, yoga therapy, meditation and *pranayama*, Patient got her normal

menstruation (Duration-5- 7days, Interval-30-35days) also weight reduction 5kg. Patient was conceiving her

urine pregnancy test (UPT) was positive on dated 17/07/19.

Table 1:

Sr.no.		BT	AT	FOLLOW UP
1.	menses day	1-2 days	3-5 days	5-7 days
2.	menses duration	50- 60 days	45 days	35 days
3.	No of pad changed /day	Pad 1 /day (only spotting)	Pad1/day (complete soaked)	Pad 2 /day (complete soaked)
4.	Weight (kg)	76kg	72 kg	71 kg
5.	Height (cm)	163.5	163.5	163.5
6.	BMI (kg/m2)	28.4	26.9	26.6



DISCUSSION

Guduchi, Haritaki, Shunthi: - *Deepana - Pachana* property and help to rejuvenation also act as *Rasayana* or *Ojasa*. *Erandabhritha Haritaki*: Helps in cleansing and detoxifying body system. It helps to clear obstruction and normalize *strotas*. *Pathadi Churna*: Help to remove blockage in the channels and works on polycystic ovary due to *kaphanasak* and *granthi hara* property. *Arogyavardhini Rasa*: Helped to stimulate function of liver and thus enhancing *kayagni* and *dhatwagni*. This give stimulus to all secreting glands leading to normal secretions i.e. increase secretion of SHBG by liver which leads to decrease in androgen production. *Triphala*: helps in cleansing and detoxifying body systems. It helps to clear obstruction and normalize the *strotas*. *Triphala* also very useful for reducing body fat. It also contains *Tamra* (copper), which has scrapping (*Lekhana* and *Vranashodhana*

action) ultimately reducing body fat and also good result of acne due to *Vranashodhaka* property. It also contains *chitrakamoola* treating a multitude of disease like menstrual problem, liver problem and infertility. *Guggul* holds high significance in the management of complication of PCOS like Obesity, Cardiovascular disease and Hypertention. The chemical ingredients of drugs possess hypolipidemic, hypoglycemic, folliculogenesis, antioxidant, hepato protective etc. *Pranayama* and meditation calm the mind which leads decrease level of depression, anxiety and stress.

CONCLUSION

PCOS is an increasing public health problem which is very common and leading cause of infertility in women. Polycystic ovarian syndrome or PCOS is a condition in which a women's level of sex hormone like oestrogens and progesterone are imbalanced. Allopa-

thic medicines are limited, comparatively Ayurveda have various options of medicine without any side effects for every symptom of PCOS. Allopath helps in managing and controlling effects of PCOS while Ayurveda can be considered as best cure and promising treatment with no side effect.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Preeti Soni et al: Ayurvedic Approach On PCOS: A Case Study. *International Ayurvedic Medical Journal* [online] 2019 [cited November, 2019] Available from:

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